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IDENTITY OF ADDISON'S DISEASE AND DEGENERATION OF THE GASTRIC TUBULES

By D. T. GILLIAM, M. D.,

Of Nelsonville, Ohio.

This is an idea not original with ourself, as any one acquainted with the medical literature of the day will readily perceive. Yet the idea is not new to us, although until recently it has taken no definite shape; and, in all probability, had it not been for some recent divulgements, it would have fallen, still-born, in the uncouth and malformed shape in which it first presented itself.

Happening to see an article in *The Practitioner*, of Louisville, by Prof. AUSTIN FLINT, on "Atrophy of the Gastric Tubules," in which he rather timidly advances the idea that there is a relation, more or less intimate, between the diseases in question, and cites one or more cases in point, we were forcibly reminded of a case of our own, occurring some time previously, and which we deem eminently illustrative.

There are, it is to be presumed, comparatively few medical men of our day who are willing to repose in the idea that the initial and essential lesion of the so-called Addison's disease is located in the supra-renal capsules. The reasons for this scepticism are very obvious. They are these:

1. Reasoning *a priori*, from a mere speculative point of view, it does not seem plausible that a gland of such diminutive size, and so apparently devoid of function, could from any amount of disorder or disorganization give rise to such grave results as we find in this affection.

2. The phenomena attending the disease in question have nothing in them to direct the attention either to this gland, or even the vicinity of it, as being the seat of difficulty.

3. The gland has often been found diseased, malformed or deficient, without anything occurring during the life of the individual to awaken the least suspicion that anything of the kind existed.

4. It has been entirely removed by vivisection with perfect impunity.

5. And lastly, the disease has existed in its most pronounced form, and the autopsy has failed to reveal any lesion whatever of the gland. Cases of the latter kind are reported every now and then, and it is reasonable to believe that many cases go unreported, we ourselves having witnessed one at the Cincinnati Hospital last winter.

Now this is an imposing array of propositions, and yet they are as fixed as formidable. Let us now enumerate some of the symptoms of Addison's disease, and see if there be anything in them to call the attention to the stomach as the seat of difficulty? Mark the italics.

Omitting color of skin we have great languor and weakness, with indisposition to exertion, either bodily or mental. Pulse feeble; unusually small, and normal in frequency; *appetite diminished or lost; uneasiness or pain at epigastrium; nausea and vomiting often prominent symptoms*; sometimes constipation, at others diarrhoea; there is loss of flesh, but not in proportion to the increasing weakness, and the emaciation is much less striking than in other wasting diseases.

The urine and biliary secretions are usually normal, and in most cases there is nothing to be found in the heart, liver, kidneys,

lungs, or any other organ open to examination, which can explain the phenomena.

Now in opposition to the above let us place a typical case of degeneration of the gastric tubules, as occurred to Dr. FENWICK, and alluded to by Prof. Flint in the article mentioned. Abbreviated they run thus: Patient æt. 45; complained of great weakness; loss of mental and bodily vigor; palpitation and breathlessness on exertion; greatly impaired appetite; flatulence and occasional bilious vomiting. There was no apparent emaciation; the pulse exceedingly small and feeble; the face of a pale yellowish cast; and the lips, tongue and throat exceedingly bloodless. The disease came on gradually and insiduously. There was no increase of the white blood corpuscles. Subsequently vomiting became a prominent and persistent symptom; the pulse became more and more feeble, the anemia and exhaustion increased, and the patient died.

Post-mortem revealed extreme degeneration of the gastric tubules. Dr. Fenwick was enabled to diagnose this case with precision. Fortunately, perhaps, for us, this case did not present the discoloration of skin peculiar to Addison's disease, or we might not have been furnished with the results of Dr. Fenwick's scrutinizing examination of the gastric mucous membrane, which he was led to institute in the absence of evidence of that affection existing. What can be more striking than the parallelism of the phenomena presented by the two affections cited above, leaving out of consideration the color of the skin?

Have we anything in the above list of symptoms to direct our minds to the stomach as being the principal organ at fault? Most certainly. So obvious indeed are the data by which we establish this conclusion, that recapitulation seems almost superfluous. The languor, weakness, feeble pulse, mental and physical debility, together with the anemia, are all due to defective nutriment from impaired digestion. The loss of appetite, uneasiness or pain at the epigastrium, nausea and vomiting, point directly and unmistakably to the stomach. But how are we to account for the disproportion between the above symptoms and loss of rotundity? Very easily, indeed.

Who does not know that it is the office of the stomach to digest albuminous materials, whilst the digestion of fats and farinaceous

substances, which are capable of imparting rotundity to the human figure, are digested lower down the alimentary tract?

This, then, accounts for the remarkable plumpness of these patients, even while they are starving to death for the life-giving principles of the nitrogenous compounds. Yet there is left one phase of the question of seeming great importance which would appear to oppose an unsurmountable objection to the theory we are advocating, and place the question where we found it. Admitting that there does exist a very striking analogy between the two diseases as far as you have traced the symptoms in each, how account for the difference in the color of the skin manifested by your typical cases?

This is not within our province, neither is such a thing possible in the existing state of knowledge on the subject of pigment generation. Still *this* is left us, and it answers our purpose admirably.

We know that the supra-renal capsules are not essentially concerned in the process, as the 3d, 4th and 5th propositions enunciated at the beginning of this article will plainly show. Even though we now be unable to prove this symptom dependent on the condition of the stomach, it places these two organs on an equal footing in this respect, and leaves the stomach master of the field. That there *does* exist a certain connection between degeneration of the gastric tubules and pigmental degeneration, would appear from the morbid, microscopical appearances presented by degenerated gastric tubules. According to Handfield Jones, "The appearance denoting degeneration within the tubules, consisted in the deposit of *black pigment* and fatty granules.

Right here comes in to advantage our own case:

Were called to see Mrs. V., æt. 36, January, 1870. Found her suffering from nausea, vomiting, pain over the epigastrium, and enteric diarrhœa. Were struck with the peculiar color of the skin, which was rather smoky than otherwise. The prolabia and mucous membrane of the mouth and eyes were decidedly pale. The eyes themselves brilliant. The pulse exceedingly small and feeble, and she complained of mental hebetude and great bodily weakness. She was not much emaciated. The disease had existed for several years, though she could fix no definite period

when it commenced. Fats and farinaceous articles of diet were quite thoroughly digested, but the albuminous materials passed through the bowels undigested.

A minute examination led us to believe that the stomach alone was at fault, and when, after the trial of various remedies in her case, we found the pepsine decidedly the most beneficial, our convictions became strengthened. There was nothing to indicate an inflammatory process going on in the stomach. She gradually failed; became notably weaker; vomited almost incessantly towards the last, and died. An autopsy was not to be had, though the case presented such undeniable evidences of gastric incapacity that we feel justified in pronouncing this a case of degeneration of the gastric tubules, accompanied by the discoloration of the skin characteristic of Addison's disease.

That the supra-renal capsules often present morbid changes in the disease characterized by bronzed skin, is as incontrovertible as inextinguishable; but perhaps not more strange than that the glands of BRUNNER should inflame in burns of the skin, or that the spleen and glands of Peyer should undergo morbid changes in malarial and typhoid fevers. These are questions that must remain *sub judice* until further researches shall have brought them nearer the surface. In conclusion, let us do honor to Prof. Flint, by appending in italics the final clause in his article on the subject: "*I shall be ready to claim the merit of this idea when the difficult and laborious researches of some one have shown it to be correct.*"

**PUERPERAL CONVULSIONS—INDUC-
TION OF PREMATURE LABOR BY
BARNES' DILATORS—DELIV-
ERY OF TWINS BY VERSION
—ADHERENT PLACEN-
TA—FATAL TERMINA-
TION OF THE
CASE.**

By GEO. A. STERLING, M. D.,
Of Sag Harbor, N. Y.

I was summoned, May 9th, 1871, at 3, A. M., to attend Mrs. M—, the messenger informing me that she had been seized with convulsions half an hour previously. Before my arrival she had suffered three convulsive seizures, and soon after my reaching the bedside was taken with the fourth.

The patient presented the following history. She was thirty-eight years of age; of lymphatic temperament; primipara; had been married about one year, and was eight months advanced in pregnancy.

She had been in her usual state of health on retiring the evening before; yet on questioning her husband closely he informed me that she had complained of sharp pain in the head. I had prescribed for her some three months previously for some leucorrhœal difficulty, at which time her general health was good. The convulsions were epileptiform in character, and of very severe nature. Her pulse was 110, full and bounding, with face flushed and eyes injected. Between the paroxysms she remained in an unconscious state, respiration being heavy and laborious. I immediately opened a vein, allowing the blood to flow freely, which, combined with the free inhalation of chloroform, had a decided effect in lengthening the interval between the attacks and diminishing their severity.

Her limbs and lower part of the abdomen were extensively anasarcaous; the vulva being enormously swollen, insomuch that a vaginal examination was effected with much difficulty. I found the os uteri in a natural condition, admitting the tip of the index finger undilated, and very slightly dilatable. The presentation was natural, and, as I afterward determined, with the fœtus that was recognized in the first position. The urine obtained from the bladder, by the use of the catheter, being tested by heat and nitric acid, was found to be extensively albuminous, the test tube being nearly filled with the deposit, more so than I ever before witnessed. Her bowels having for some time been in a sluggish condition, I administered within the space of four hours six drops of croton oil, which, afterward followed by a large dose of calomel and jalap, failed to produce any cathartic effect; morphine had been previously given hypodermically and with decided benefit in subduing the incessant jactitation.

The convulsions continuing, it became evident that the principal chance of obtaining relief for the patient lay in my power of emptying the womb of its contents, either by instrumental delivery or version. At first thought both seemed impracticable, for the os uteri was in its natural undilated condition, and no labor pains or anything simulating uterine contraction had taken place. The warm

douche directed against the os uteri, or the introduction of a catheter between the membranes and the uterus were inadvisable, as both would consume too much valuable time, and were in a measure uncertain in their effects. What was done must be done quickly, as the patient was sinking and her comatose state becoming deeper every hour. I was unable to obtain counsel, as my medical *confère* was out of town; it was twelve hours since the convulsions had first made their appearance, and the patient was in a condition to die undelivered in a few hours, should the same state of things continue to exist.

After due reflection I determined to employ version, and my ability to effect an entrance into the uterus was based upon the confidence I had in Barnes' dilator, an instrument I conceive not duly appreciated by the most of practitioners. The os was now softer and more dilatable than at the first examination, being nearly the size of a quarter of a dollar. Commencing with the smallest sized dilator, which was with difficulty introduced and retained within the os on account of the swollen condition of the external parts, I had in two hours the satisfaction of being able to place the largest sized bag in position and to dilate the same to its fullest capacity. I was now enabled to pass the left hand into the uterus without difficulty, when I discovered twins were present. Seizing one foot of the largest, version was easily effected and the child was born living in the space of three minutes.

The other, which was also turned, was small and illy developed, and consequently still-born. After waiting a sufficient time for the delivery of the afterbirth, which failed to take place, other means being unsuccessful, I was obliged to reintroduce my hand into the uterus and detach the placenta, which was a double one and firmly adherent. The womb contracted well, with no unusual hemorrhage, and no convulsion occurred after delivery; and the irregular muscular spasms existing beforehand entirely ceased. The stertorous breathing of the patient in a measure subsided, and the condition of the pulse was more favorable. She spoke the name of her husband and sister, the first words she had uttered since retiring the night before. The vulva also acquired its natural size, and my hope of a favorable termination of the case was considerable.

The gravest symptoms now pointed to her

uremic condition. The urine was nearly suppressed; in fact, the whole quantity that I was able to obtain by the use of the catheter, from the time of her seizure till she finally succumbed, a period of forty-eight hours, was only about four ounces. Her bowels still refused to act; the pupils remained very sluggish, and the comatose state seemed to be gradually gaining the ascendant. In this condition she continued to exist for twenty-four hours longer, dying finally deeply comatose from apparent blood poisoning, her pulse remaining remarkably good until within a short time before her death. The case was an unique one, and not without its interesting and instructive features; and although terminating unfavorably, has its moral.

The suddenness of the attack, without previous unfavorable symptoms; their subsequent gravity, with fatal termination; the easy entrance effected into the apparently closed womb by the dilators, and the speedy delivery produced, the double birth and adherent placenta, all tend to make the case an unusual one. In similar cases and apparently hopeless ones, where the induction of premature labor is indicated, with Barnes' dilators at hand, under no circumstances should delivery be despaired of; and even should the mother afterwards succumb, a living child may be brought into existence. I am convinced that, had not my patient's condition been so seemingly complicated with her uremic state, the case would have terminated more favorably. I was unable to obtain a *post-mortem*, which I much regretted.

FRACTURE AND DISLOCATION OF CERVICAL VERTEBRA.

By A. E. STEIN, M. D.,

Of Baltimore, Md.

[REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.]

C. W. K., while engaged, March 22, 1871, in gymnastic exercises, fell from a "horizontal bar" while attempting a feat known to gymnasts as the "giant's swing;" the force of the blow preventing his making any attempt at recovering the upright position, and for a while even depriving him of the power of speech. He was picked up by the bystanders and carried into the house of a friend, where he was visited by Dr. W. L. RUSSELL, who found that the seat of injury was at about the junction of the cervical and dorsal verte-

brae, but was so very tender that he deemed it unadvisable to press investigations as to the exact character and extent of the injury too closely at that time. Morphia internally and a soothing external application, with perfect rest and quiet, were resorted to until the next day, when, finding no improvement in the patient's condition, but rather anticipating a fatal termination, the doctor called Dr. JAS. BUTLER and the writer, to advise concerning further treatment. Dr. Butler not being able to meet us until the next day, the catheter and cathartics were resorted to, and belladonna substituted for morphia during the night. Scarified cupping had already been applied by Dr. Russell, with the effect of greatly relieving the pain about the neck.

On the arrival of Dr. Butler a close examination was made, revealing a complete paralysis of both motion and sensation, from about the nipple downward as to sensation, and also as to motion except the diaphragm and abdominal muscles. He could move his arms freely in all directions, and could bend the elbows, and had also a slight power over the flexors of the fingers, but not enough to be perceived by any one on grasping the hand. To convey anything to his mouth he used both hands, opposing one to the other, and thus holding between them articles of food suitable for such management. His respirations and pulse were perfectly normal. His abdomen was tympanitic; his bowels moved only under the influence of the more powerful cathartics, and even then requiring the assistance of clysters. His bladder was full and required the catheter (which latter instrument had to be faithfully used from the very date of the occurrence until the termination of the case, although a powerless sphincter permitted a constant dribbling of the urine after a few days). His stomach was very irritable, and the matter vomited was mostly greenish in color. At the back of the neck was a bluish mark, indicating the point of contusion, and just above that point there was quite a marked depression. There was also on the right hip an abraded spot as large as a man's hand when opened.

The position of the patient was somewhat peculiar. He persisted in lying only on his right side, diagonally across the bed, his head being kept out of bed entirely and resting on a pillow which was held in a nurse's lap. His head was also thrust *slightly* forward, and

the neck a little flexed toward the sternum. He said this position relieved him from the pain in his stomach (abdomen) which he felt in any other. He could move his head about at will, and he could converse and swallow without any difficulty and now had no pain in the neck except when pressure was made there, which produced an agony throughout all his lower limbs and body, and deterred us from a very rigid examination of that locality, and clouded the diagnosis very much, at least as to location. The symptoms were those of pressure upon the spinal medulla, but whether the pressure was that of a clot, or that produced by a dislocated vertebra, or by the posterior fragments of a fractured one, we at that time were undetermined.

The patient declared himself much improved and spoke very cheerfully, anticipating a speedy and complete recovery. The treatment, which, as before stated, consisted in artificially unloading the bowels and bladder, was continued, together with the drugs commonly used to combat nausea, none of which gave more than temporary relief. The most nourishing diet we could provide was ordered, and when we could get him to take it *vin. ferri amar.* was given in teaspoonful doses, three times a day, but we did not by any means insist on this, especially as he fancied that it made him feel somewhat uncomfortable. He was very full of whims, and troublesome to manage.

This treatment was continued until April 3d, when he was removed to an hospital. Up to this time his condition remained about the same, except that there was a gradual return of *partial* sensation as far as the middle of the thighs. He also seemed to know when he was touched about the legs, but could never describe the object touching him; the point of a pin, the knob of a lead-pencil, or the pulling of a few hairs on the legs, all being described alike, as feeling like we were "pushing him with something," from which we inferred that his only perception was that of a jarring of the more sensitive upper portions of the body.

He became thoroughly tired of hospital life in less than twenty-four hours, and had himself removed to another house in the city; and he was there placed in the care of Dr. COYNER, who, hearing that I had been attending, invited me to continue. Pretty much the same treatment was ordered; the patient growing

gradually worse, the abrasion on the right hip taking on the character of a bed-sore, which was accompanied by another bed-sore about the middle of the back, the dorsal decubitus being sometimes resorted to. This was the condition of affairs until April 13th, when death intervened and closed the sad scene.

The gentleman in whose house he died permitted us to make a *post-mortem*, which was done between the hours of one and three A. M., at which we removed the first two dorsal and the last three cervical vertebrae. The bones presented the following appearance: The sixth cervical vertebra had its spinous process broken off nearly at its junction with the laminae, otherwise the bone was perfect. Between the sixth and seventh cervical the entire ligamentous connection was broken through, the capsular ligaments and all, and the whole vertebral column above the seventh was thrown forward, only being bound together by the intervertebral substance and the anterior and posterior common ligaments. The fragment of the spinous process was held in its position with reference to the laminae by the ligaments of the articulation above, and by the other soft parts, together with the supra-spinous ligament, and a portion of the infra-spinous ligament. The anterior common ligament was partially stripped from the body of the seventh cervical vertebra. From the right inferior articular process of the sixth there was a very small crescentic piece stripped off, about equal in size to the paring of a finger nail. The intervertebral substance was almost entirely disorganized.

On removing the medulla, strange to say, there was not the slightest appearance of inflammatory action whatever, neither the medullary substance nor the membrane were even so much as congested. Just at the point of injury half the cord was cut through on the side, posteriorly.

Prof. F. T. MILES, of the University of Maryland, saw the patient about ten days before his death, and then pointed out very accurately the condition of affairs; also, was kind enough to examine the cord microscopically, and assured me that under the microscope also this singular absence of evidences of inflammation, as above mentioned, persisted, no sign of any morbid action being visible.

There are many points of interest in this case, among the most marked of which are:

1st. A demonstration that the nerve supply to the fingers comes into the brachial plexus from below the sixth cervical vertebra. 2d. The rapid appearance and spread of large bed-sores, indicating great impairment of vitality; these bed-sores are alluded to by most writers as a leading symptom of such a condition. 3d. In view of the entire absence of any inflammatory complication comes the suggestion that, had there been no solution of continuity in the cord itself, there might have been a reasonable prospect of a restoration to health by replacing and maintaining in their proper positions the separated vertebrae. There would at least have been a justification of the attempt. This suggestion was made, but was abandoned because of the great pain any manipulation about the injury caused the patient; the very slight prospect of success and the great disposition on the part of the community to charge upon physicians all the unfavorable results of any operations they may perform. This latter consideration was permitted much more weight in our deliberations because of the patient and his friends being so very sanguine of his early and complete recovery, a notion we could not disabuse them of, since the great improvement which took place in the earlier part of the case.

There have been several cases recorded in which dislocations of the cervical vertebrae have been reduced with success, and during a visit to Europe made last year by Prof. Miles, he was shown, in one of the wards of a London Hospital, a patient in whose case such an operation was claimed to have been performed, and who was then doing very well. The case just recorded certainly seems to prove the plausibility of such undertakings, and to encourage the effort should an opportunity offer.

THERAPEUTICS AS A SCIENCE—BELLADONNA, OPIUM AND IPECACUANHA.

By A. S. V. MANSFELDE, M. D.,
Of Chicago, Ill.

On page 529 of *Chicago Medical Journal* for 1867, and, I think, in the number of September 21st, 1867, of THE MEDICAL AND SURGICAL REPORTER, I read a report of the antidotal action of belladonna in cases of opium

poisoning, and had occasion, on April 30th, 1868, to prove the efficacy of the drug.

CASE I. A young, married lady, highly educated, took tinct. opii simplicis f3j. at about 9 P. M., and I arrived at her residence at 10½ o'clock, carrying with me a half ounce vial full of fluid extract of belladonna. I tried all the usual means known, but without any effect, and, young and inexperienced as I was, I thought there would be no help if belladonna did not prove what had been promised of it. I gave her half a teaspoonful of the fluid extract, which was swallowed with difficulty, and, to my surprise, her condition changed at once; the pupils lost their brilliancy, perhaps as a consequence of the dilatory power of the belladonna administered, the face lost its lividity, and respiration became more rapid. At this stage of the affair I thought my patient was dying, but not of opium. In about half an hour, all this time carefully observing my patient, it seemed to me as if the two powerful agents struggled with each other, thereby losing sight of their battle-field, for our patient rapidly improved. I left her, at 3 o'clock A. M., out of danger. She described her feeling (next day) as a general soreness and said: "I feel as if all my joints had been on a stretch." Some time later I had again occasion to try the efficacy of belladonna in opium poisoning.

CASE II. A child, but a few weeks old, was this time the victim. It received no other help but that of belladonna, and, indeed, none else was necessary; the child got well. The fact remains that one of these poisons is an antidote for the other; but how is such action effected?

This same question was put to your readers on page 444 of THE MEDICAL AND SURGICAL REPORTER of November 28th, 1868, by Dr. HOEHLING, and though two and a half years have elapsed, it is hoped that the doctor will take the answer as an equivalent for the length of time.

I make the following assertions:

1. That no matter that is insoluble in the blood will act as a therapeutic agent.
2. That no matter will be a therapeutic agent except it enter the cells constituting the organ diseased.
3. And that the agent cannot be a remedy except its action is antagonistical to the force that produced the disorder.

I speak here of purely medicinal agents

(apothecaries' ware) and not of the help received through the sympathy of one organ with the other, i. e., nerve influence, vital force, etc.

As simple as these assertions are, as easily are they proven to be facts undeniable. Permit me then to use opium, the great stronghold of regular physicians, as Dr. MUNDI has it, as the test.

That opium is dissolved in the blood is a fact, and that it acts as a medicine we know; consequently it enters some set of cells constituting the organs so effected, and the cells that opium has chosen for its interference are those that make up the greater part of the glandular system, with some exceptions, one being the perspiratory apparatus, and not the nerves, the brain and its appendages.

What are the signs that betoken the action of opium?

1. It retards the secretions.
2. It excites the circulation.
3. It increases the action of the mind.
4. It fills the cavities of the head and breast with blood.
5. It produces sleep.
6. It ends life by asphyxia.

1. Opium, as we know, retards the intestinal excretions; but not because it acts upon the nerves of the parts or their centres, supposed to be the *corpora striata* and *eminentia quadrigemina*, but it enters each and every cell that contributes to make up the excretory glands of the excretory apparatus, and its immediate action is the restriction of those cells. One force applied to each particle of matter is the same for matter itself. The organs and their duals are restricted. Can they, under such conditions, exercise the same excretory power? Certainly not.

2. Opium quickens the circulation because the greater part of the blood that would enter the glandular organs is, by the contractive power of the drug exerted upon them, compelled to find other channels for its exit. It passes quicker through the vessels than usual, depositing itself where it may enter, namely: Wherever the drug has not exercised its power, and wherever additional quantities of blood are admissible, as in the lungs, the brain—not in the lung or brain matter itself—but in the interstices naturally there existing: the capillary vessels of the organs.

3. Opium stimulates the action of the mind. This is the so-called further effect of the drug.

Thought will follow thought in quick succession; the intellectual work of the brain is at its pinnacle. Is it because the opium entered the brain cells? By no means. It is the result of an increased supply of "brain nourishment," brought there by a greater quantity of blood and healthy blood, for opium will not enter the brain cells.

4. More and more blood is here deposited and the opposite effects are produced.

5. The intellect is veiled, sleep follows wakefulness, and all functions of the organs connected with the brain by their nerves are impaired or entirely suspended, thus creating the highest degree of action of opium in the living body, for further progress is cut short by death itself.

Has opium now changed its influence upon the body?

Can our medicine have two or more distinctly different influences?

No! The action will be *one*, and all the other changes appearing are the consequence of the primary action. Opium proves this.

The large amount of fluid at the latter period present in the brain-cavity compresses the non-resisting mass of brain matter, or cells, so that they can no longer fulfill their functions and with them the nerves that take in them their origin. This latter result is the tertiary action of opium, if I am permitted to use such term.

And though the primary action constitutes the peculiarity of each remedial agent, the functional changes produced by the consequence of such action (please to call them the secondary, the tertiary action, etc.) may be the same in different medicines; yes, even mechanical power may bring forth the same result.

For an example: does the second stage of acute hydrocephalus not only resemble opium poisoning when it has reached the fifth stage of its career (see pathology), but is also followed by a tertiary action precisely similar to that of opium. The brain cells are compressed by the exudation present, therefore impaired not only in *their* action, but also that of the nerves, which are subject to them. The constipation almost pathognomonic of this stage of acute hydrocephalus is in this case a consequence of the compression (impaired action) of the "corpora striata" and eminentia quadrigemina.

Does there exist any analogy between the exudate of hydrocephalus and the active principle of opium? *None*.

The exudate took its origin from an increased action of secretory organs and caused by a certain pathological condition; the opium action filled the brain also with the same fluid, the blood disks and their coloring matter superadded. If any causative relation existed between these fluids, then would the same remedy be a curative for both.

We all know that a large dose of belladonna in hydrocephalus would be followed by great danger, and I believe in most cases by death; not so, as experience teaches in opium poisoning the almost destructive dose of belladonna acts only as an antidote, but certainly exerts in both instances its primary action, namely: *Belladonna enters all the cells to which opium has access (or nearly all) and also certain parts of the brain, thereby producing a general dilatation of the first, counteracting thus the primary action of the opium and also dilating the latter, thereby restoring the functions of the nerve centres and their accessories.* This dilatatory action of belladonna explains clearly the efficacy of the drug in opium poisoning, and the quickness of such change is sufficiently explained by its additional action on the nerve centres.

I would advise the addition of a small quantity of ipecac. and antimon. et potass. tartaras to the fluid ext. of belladonna, as I am almost certain that its quickness and promptitude of action will be increased thereby. As ipecac. exerts the same influence upon some parts of the nervous system not accessible to belladonna and the latter (tartar emetic), has a peculiarly prominent power of *dilating* the mucous cells of almost all mucous tissues of the body, thereby calling into activity these organs and of necessity subtracting additional fluid from the overloaded capillary vessels.

Is it not a known fact, that ipecac. and tartar emetic lessen the danger of opium poisoning? In conclusion, let me state a case of my own that occurred quite recently.

Mrs. K., an intelligent German lady, 54 years old, my patient for four years, complained of symptoms leading her to fear typhoid fever or a similar disorder. For this and other reasons (for a physician always should have a reason for giving medicines), I gave her the following:

R. Tinct. opii simplicis,
 Syrupi ipecac. aa f3ij
 Spirit æth. nit. f3j
 Syrupi f3ij
 Aq. fontan. f3j

Dose—a half teaspoonful every half hour, until rest would be produced.

Having felt quite certain of the effects of my medicines, I wonder at the condition of my patient. The action I expected of four doses of the drug was not produced by ten half teaspoonfuls, while previously, if I gave 20 drops of tinctura opii simpl. to the patient, she would be quiet for hours. This time she even vomited, and from nothing but the ipecacuanha in my medicine; this and its helpmate, the spirits of nitre, not only counteracted the opium, but also destroyed its action entirely; yet small doses of ipecac will quicken the action of opium. Your correspondent takes about a third of a grain of morphia (nervous temperament), and he will feel its action upon the brain (as I understand it) in about eight minutes, (watch in hand and sitting) but if he takes two or three grains of ipecac 10 minutes prior to the dose of morphia, its action will be almost immediate, say in three to four minutes. I have tried this experiment very often and am sure of it.

Is not all this confirmatory of my views, concerning the action of medicines, especially opium, belladonna and ipecac.?

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Results of Clinical Operations Concluded, by Dr F. WILLARD, M. D.

In No. 21 of THE REPORTER I published an account of some of the operations of Prof. AGNEW, performed during the past year, and propose to finish the remaining ones in this paper.

Luxations of the Humerus.

(REPORTER, April 15, 1871.)

All these cases did well, the bandages being removed after the first week, but caution enjoined.

Ganglion.

(REPORTER, April 29, 1871.)

This case was most obstinate, and being partially reproduced, was treated subsequently by injection of a few drops of tinct. iodine, which, together with pressure, finally compelled closure of the sac. Subcutaneous dissection and the seton had previously failed to bring about this result.

Housemaid's Knee.

(Same Number.)

This was treated with the pure tinct. iodine ʒij., which was allowed to remain in the sac, after the escape of all the contents through the puncture. Closure was speedy, and the cure perfect. The man was confined to his bed for several days, and when allowed to rise, kept the knee firmly bound with a compress and bandage.

External Perineal Urethrotomy.

(REPORTER, July 23, 1870.)

A full description was given of this case in THE REPORTER of above date, and the subject of perineal fistules discussed. The patient had suffered from the difficulty for several years, and had endured much pain. Every proper means had been tried to accomplish the dilatation of the strictures which had been the cause of all his distress, but finding this impossible, an operation became necessary. The sinuses were numerous, and the discharge from their orifices very offensive; still, the condition of the urethra and of the patient were such as to render the case a hopeful one. It was possible to carry a sound into the bladder, and the division of the structures of the perineum was easily and accurately accomplished, the urethra being slit up to the extent of two inches, and all the sinuses laid open. The perineum was greatly indurated, and the urethra thickened throughout the entire membranous portion.

The treatment of the case was very simple: it consisted first in the previous education of the patient, in order that he might be able to pass the catheter himself, Prof. Agnew considering this as one of the most essential elements of success. Then, after the operation, no catheter was retained in the bladder, its presence being considered detrimental to a proper healing of the wound, since it will not prevent the passage of urine over the surfaces, for the reason that the sphincter is unable continually to grasp any instrument, however large, but will at times permit the passage of considerable quantities. Prof. A. believes, that a catheter is sometimes the cause of urethral fever; may induce inflammation of the bladder, and will also quickly become incrustated by the deposition of salts, unless carefully watched. His plan is therefore to let the urine escape as in the operation of lithotomy, the catheter being carefully passed once each day in order that the canal be kept pervious until granulation has fairly commenced. As soon as this occurs the catheter is carried gently down the urethra, keeping the point along the upper wall, as often in the day or night as the patient may feel the necessity of evacuating his bladder, so that none may pass out of the wound; and here is the advantage of the previous careful education of the patient, since he will be able to do this for himself after the first few

days. Of course such frequent visits of the surgeon would be inconvenient, except in hospital practice; but if he has given thorough previous instruction, he will find that the man soon knows by his own sensations the instant that there is any deviation of the point of the instrument, an advantage, in fact, which he possesses over the surgeon, who has no such guide.

In this case, the man bore the operation well, and had no unfavorable symptoms. The urine flowed through the wound for eight days, when the system of catheterization was commenced, and in two days the man could perform it perfectly upon himself. As soon as he felt the slightest desire to urinate, he immediately drew the water away and was relieved at once, thus holding his comfort in his own hands.

A simple anodyne lotion was first applied to the part, and after this mild ointments, strict cleanliness being enforced as in the operation of lithotomy. Granulations springing up from all sides soon narrowed the opening, until in four weeks time the wound was closed, the sinuses had healed and the canal was wide and pervious, being kept constantly open by the passage of large sized instruments. This practice he continued for a long time until all contraction had ceased, and in fact he still maintains it as often as once a week, this being the only safeguard against a return of the difficulty.

By this procedure, which will be necessary during the remainder of his life, he may hope to be comfortable and well, and it is by negligence or unpardonable carelessness that so many allow the canal again to close.

Ununited Fracture of Olecranon.

(REPORTER, Oct. 8th, 1870.)

This was a case in which union failed to occur, and an attempt was made to compel such a result by perforating the ends of the fragments with a drill, hoping to excite sufficient inflammation to effect a cure. Although this was thoroughly done, and the dressings attended with great care, yet the parts refused to unite, and the man has been recommended to have a mechanical apparatus applied, which shall assist, at least, in the movements of the arm—further operative interference being deemed inadvisable, by reason of the close proximity of the articulation.

Hydrocele.

(Same Number.)

This case was treated in accordance with Prof. Agnew's usual plan, with injection of Zij . of undiluted tinct. iodine, which was allowed to remain in the sac after all the serum had been drawn away. He was kept in bed for several days, with the scrotum suspended, inflammation being regulated by lotions, &c. The cure was complete.

Cancer of Penis.

(REPORTER, July 9th, 1870, and Oct. 8th.)

This organ was removed for epithelial cancer, which had existed for nearly a year. He presented himself in October, with a cicatricial contraction of the extremity of the urethra, which was incised, and he was directed to continue the use of a good sized sound every day, which has been effectual in preventing any return. At that time the inguinal glands were found enlarged and indurated; but they were thoroughly sloughed out by caustic, and now he appears to be in good health—there being yet no evidences of a further return.

Hydrocephalocele.

(REPORTER, July 9, 1870.)

This tumor was of the size of a large orange, and communicated with the interior of the cranium, by an opening in the occipital bone. Its removal was attempted by a plan which has proved successful in a case which is reported in *Amer. Jour. Med. Sciences*, October, 1870. The method adopted was to slowly strangulate by a series of elastic bands applied to its pedicle, which, exerting their constant influence, should slowly diminish its size, and at last compel it to fall away. This was necessarily a tedious process, but it offered such hopes of success as to be well worth the trial, and the base did indeed steadily lessen, so that the work was nearly two-thirds accomplished when the babe, after injudicious handling of the tumor, was seized with convulsions, and died in a few days. This accident, however, does not render the method impracticable.

Hypospadias.

(REPORTER, June 18th, 1870.)

This operation was a failure, union not taking place.

Extirpation of Eye.

(REPORTER, Oct. 29th, 1870.)

This eye-ball was removed for recurring epithelial disease. The growth had previously been twice shaved from the sclerotic, but rapidly returning in the same suspicious form, it was decided to take away the entire ball and prevent further danger to the general system. That this was the true plan has been evidenced by the regained good health of the patient, and her entire freedom from the disease up to the present time. The muscles were uninjured by the operation, and are now of great service in the movements of an artificial eye.

The case of *Fistula in Ano*, reported in the same number, as well as other cases in the Nos. of July 2d and Sept. 3d, all did well.

—DR. FREDERICK D. LENTE, formerly of Cold Spring, N. Y., and well-known as a practical contributor to the medical periodical press of the country, has been appointed Professor of Diseases of Women and Children, in the Medical Department of the University of New York.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Causes and Treatment of Catarrh.

Dr. H. F. PARSONS says, in the *British Medical Journal*, the causes of catarrh may be thus classified:

1. First, and perhaps most frequent, is direct irritation; the most frequent irritants to the conjunctiva and respiratory tract of mucous membrane being cold air, very hot air, and foreign matters, as grit and dust; to the alimentary canal, the common irritant is improper food, either indigestible in quality or excessive in quantity, the undigested residue becoming putrid and acrid.

2. Chilling of the skin, especially from wet feet, seems to cause catarrh apart from the local irritant action of cold, by inducing congestion of the internal parts of the body.

3. Catarrh, as aforesaid, is often propagated from one mucous membrane to another.

4. Many constitutional diseases, as measles, enteric fever, syphilis, and influenza, are accompanied by catarrhal affections of particular mucous membranes, especially the respiratory.

5. A varying amount of catarrh of a part very often accompanies organic disease of that part; the permanent disease acting either as a local irritant, or by inducing congestion; thus chronic gastric catarrh usually accompanies ulcer and cancer of the stomach, and emphysema is often complicated with bronchitis.

Lastly, congestion of an organ from obstruction to the return of blood causes catarrh; thus we have diarrhoea with portal obstruction, and bronchitis when the pulmonary circulation is impeded by disease of the mitral valve.

Since in a healthy subject catarrh tends to quick recovery when the cause producing it is removed, the persistence of catarrh in a chronic form shows either that the original cause or some other irritant is still in operation, or else that there is a deficiency of reparative power in the part or in the whole system. The relaxation of tissue and of the blood vessels produced by repeated attacks of catarrh, is favorable to the development of the chronic form; so, also, is a watery condition of the blood; and especially so that general deficiency of the tissues in plastic power which is termed the scrofulous diathesis. Chronic catarrh, in its turn, is very liable to acute exacerbations.

In the treatment of acute catarrh, it is to be borne in mind that the disease tends to get well of itself, if not prevented by the persistence of the cause;

where this cause is still present, but removable, as foreign matter in the eye, or undigested and putrefying food in the primæ viæ, our first efforts must be directed to get rid of it, and in every case we must watch that no fresh irritant gains access to the suffering organ. If the inflammation tend to increase, or if it be situated in a part essential to life, it becomes our duty to endeavor to diminish it, for which purpose we often seek to produce a derivation of blood from the affected part by augmenting excretion in some other organ, particularly the skin and bowels. Of antiphlogistics, the local action of cold in the form of ice, where it is applicable, as in acute catarrh of the throat and stomach, is of much benefit in many cases. Certain drugs have also a reputation as antiphlogistics; of these, mercury has been mentioned before; antimony and the neutral salts appear to act favorably by loosening the secretion, and the same virtue is claimed for the alkalies, which certainly have the power of rendering mucus less viscid when added to it out of the body. In catarrh of the primæ viæ, alkalies and antacids are generally of benefit, and the expectorant action of ammonia is probably due to it passing off by the lungs, and acting on the mucus in the bronchial tubes on its way. The irritability of the mucous membrane often needs to be allayed by sedatives; the surest generally being opium. Should the catarrh, instead of passing clean away, become chronic, local astringents are of the greatest use, and among them nitrate of silver, sulphate of zinc, alum, and tannin are the chief. Nitrate of silver is often of marked use in the chronic gastric catarrh accompanying organic disease of the stomach. At the same time, it is to be borne in mind that the fact of a catarrh passing into a chronic state, unless due to persistence of irritation, shows that something is amiss with the constitution; hence our aim must be to improve the general health, and this will usually be best effected by tonics, especially iron; and in the scrofulous, cod-liver oil. Prophylactic treatment against catarrh consists: 1, in avoiding sources of irritation, as cold, errors in diet, etc.; 2, in keeping the body in the highest attainable state of vigor; 3, where it can be borne, in a gradual process of inuring the body to cold, of which process a cold bath every morning, begun in the summer, is the safest, pleasantest, and most efficacious form.

New Mode of Version.

WILLIAM MACFARLANE, M. D., in the *Australian Medical Gazette*, says: In the domain of medi-

cine there is no department possessing more vital importance than that of midwifery, however monotonous may be the large majority of cases; yet, now and again, there breaks in upon this wearying sameness one case which tests the courage, the ability, and the skill of the practitioner. The stakes are: his own reputation, and the lives of both mother and child. He who, in a case of difficulty, performs his work *bene celeriter et jucunde*, confers a boon not only on the particular family he attends, but on the State in general. The *laissez-aller*—the “We’ll see what Nature can do”—is too common amongst medical men not to be reprobated; whilst, on the other hand, a prudent and cautious boldness not infrequently eventuates in the happiest success. The following case exemplifies the above remarks, and, I would fain believe, elicits a new mode of version.

The parturient—a multipara, and thirty-five years of age—after two days of fruitless labor, was placed under my care. Uterine contractions had entirely ceased, and from the vulva the right hand and funis protruded; the latter pulseless. My hand, passed onward in *vaginam*, guided by the arm, made out the right scapula, the spinous processes of the vertebrae, and the ribs firmly impacted in the brim of the pelvis. Again and again I attempted to pass my hand in front of the child, even using the pressure of my body against my elbow, so that the hand might pass onward and seize the nether limbs of the child. Each attempt was equally abortive; there was, moreover, a probability of seriously injuring the viscus by such rough manipulation. The forceps could not be employed; I had a dislike to evisceration, whilst leaving matters to take their course, as recommended by Dr. Douglas, and “see what Nature would do,” was simply out of the question. In this most unenviable dilemma it struck me that, instead of searching for the feet, were the child pushed round, or in other words, were the *vis a tergo* employed, the desired result would ensue. With this object, the fingers were placed upon the shoulder and back of the child, and a firm, strong, and steady pressure upward and backward, in respect to the mother, was continued for some time. The hand was then released, and passed as before, in front of the child; a broad, round, flattish substance was felt: the finger was inserted behind it, and a knee slowly and gently brought down. The subsequent steps of the delivery need scarce be mentioned; not a single bad symptom followed. According to the parturient’s expression, “it was the very best confinement she ever had.”

This obstetric manipulation bridges over a formidable difficulty—to wit, the disembowelling, and extraction piecemeal of the fœtus, and the risk of serious injury to the mother, with its concurrent

mental and physical distress. Again, this *modus operandi* obviates the groping about in the uterine cavity for the child’s lower extremities, and possible harm to the viscus. It may be contended that there is a similarity between this and the proceeding of Dr. Hicks (?), but if my memory serves, there may be a likeness, but no relationship. The above mode of action succeeded so satisfactorily in my hands that I would urge its adoption before ulterior measures were adopted in cases of a like character.

The Condition of the Circulation in Scrofula.

Mr. WM. KNIGHT TREVES, F. R. C. S., in the *Lancet* for April 29th, has the following remarks:

Before describing the chief pathological condition existing in scrofula, I would express my firm belief (for which I will in a future communication bring forward my evidence) that, after putting on one side tuberculosis and hereditary syphilis as totally distinct diseases, there is no evidence whatever of any specific taint in scrofula; that, on the contrary, there is every reason to believe that scrofula is merely slow inflammatory action of an unusually chronic character, produced by slight causes or arising spontaneously in persons predisposed to take on this action by constitutional debility, as evidenced principally by certain defects in the performance of the function of circulation.

The distinguishing pathological condition in a scrofulous person is a peculiar deficiency or weakness in the circulation. The blood appears, from some cause or other, to stagnate, especially in the exposed and superficial portions of the body, causing an appearance of venous congestion. This congestion, indicated on the cheeks and extremities by a purple or bluish tinge mingled with the natural color, or by red of various shades disposed somewhat patchily, is one of the best signs of scrofula, and is, in fact, an unfailing indicator either of the disease itself or of a predisposition to its attacks. Occasionally a mottled appearance prevails over the whole body. The complexion thus caused varies from the over-florid hue of the apparently hearty child, in whom, perhaps, no consequences have arisen from his constitutional condition, or merely some ailment which does not affect his health, to the dusky tinge mingled with white of the exhausted sufferer. This color in the cheek, which may sometimes be described as peach-colored, is distinguished from that of health by the latter’s difference of hue, more gradual shading off, greater uniformity of tinge, and clearness of surrounding skin. The scrofulous person is generally rather dusky, and even in cases where this duskiess is not shown in the face, and where the complexion may be bright if overloaded with color, the constitutional condition may be revealed by the hands, the backs

of which almost invariably exhibit the blue and mottled appearance I have described. A further distinction is, that if the scrofulous person [has a bright color, it appears to be on the surface, is abrupt, and obtrudes itself on one's notice, while the same amount of color in a healthy person is more diffused and not so remarkable.

Another peculiarity in scrofulous individuals, due also to the condition of their circulation, is a swollen appearance of their extremities; they generally look as if they were suffering from extreme cold, and this appearance of the hands and feet remains, to a greater or less extent, even in very hot weather. Their legs and feet often have a doughy feel, and lack the firm resiliency of health.

Now this venous congestion exists not only in the skin and external surface of the body, but also in the mucous membranes, and is [the predisposing cause, in a typical case of scrofula, not only of the disease itself, but even of the very appearance of the patient. The pulse is below the average of health, of fair volume, soft and regular, but wanting in force. The temperature is certainly not raised, and I am inclined to believe, from some observations I am making, that it is below that of health.

Scrofulous people are, as a rule, fleshy and heavy looking, although not wanting in intellect; they are flabby and often deficient in muscular power. Their lips, also of nose, and eyelids are generally tumid from congested mucous membrane, and their abdomen is inclined to be prominent. Their extremities are large and swollen, and do not usually exhibit that symmetry which may be found in healthier persons. Their hair may be any color; the red and the dark hair show the best specimens of scrofula, but the dark are the more numerous. They do not in any particular resemble people suffering from tubercular disease, nor have they any tendency to become tuberculous. They do not waste, nor do they suffer from that irritable form of dyspepsia known as strumous dyspepsia. Their circulation is not quickened, nor their temperature raised. They have not the quick, irritable pulse of tuberculosis; nor have they even in advanced cases any fever or night-sweats. Their disease does not run a rapid course, but generally extends over many years, and very rarely proves fatal. They are good subjects for operation, exhibiting no irritability, the only drawback being that their wounds have a tendency to become sluggish. In these and numerous other symptoms they are diametrically opposite to persons suffering from tubercular disease; and I hope shortly to be able to lay these distinctions, drawn from observations in a large number of cases, more clearly and fully before the profession.

Rules for Confinement in the Vienna Lying-in-Hospital.

We make the following extract from an article by Dr. FRANK WELLS, in the *Boston Medical and Surgical Journal*:

On admission the patients are examined by one of the midwives, in order to ascertain how far labor has progressed, and if not too far, and the patient desires it, she is allowed to get up and walk about the room.

(All examinations are made in this school with the patient lying upon her back, which seems to be the most convenient position for this purpose.)

As soon as the head has passed the promontory of the sacrum, the woman is placed upon her left side, with the right thigh flexed upon the abdomen, and the right leg resting upon the sole of the foot. The accoucheur then stations himself opposite the patient's back, and passes his left hand over her abdomen, and between the thighs, grasping with it the head of the child as it advances, while his right hand supports the perineum. Every patient, and particularly every primipara, is delivered with the perineum and vulva exposed. Not alone in the hospital, but in private practice, is it considered of the utmost importance that the accoucheur should see the parts during the birth of the child. For, it is the custom, as soon as it becomes obvious that the perineum must rupture, to make short lateral incisions into the labia, thus taking the strain off the perineum. This precaution, of course, can only be taken when the accoucheur has a full view of the different parts. Stress, too, is laid upon the importance of forcibly keeping the child's head back during the severe pains, allowing it come forward only during the lesser ones. This, also, is accomplished much better when the hands are not hampered by the bed-clothes.

It would seem such a self-evident fact that the perineum should be supported during the birth of the child, that a reference to this subject might be considered altogether needless. In view, however, of the mistaken opinions in regard to this precaution which are from time to time advanced, I cannot refrain from mentioning how strictly this rule is enforced in Vienna, it being one of the fundamental principles of a successful delivery.

After the birth of the child the cord (when it has ceased pulsating) is tied in two places with lawyer's tape—six and seven inches from the child's abdomen, and then cut between the two knots. As the sooner the uterus is freed from its contents and commences to contract, the better it is for the patient, so immediately after the cord has been cut, firm, deep pressure is made with the hand over the seat of the placenta, in order to expel it forcibly. If the first attempt is unsuccessful, after waiting a few minutes another trial is made. If, however, after

three or four attempts, the placenta is still retained, no further trial to remove it is made for some two hours. At the end of this time, if the patient feels at all worried or uncomfortable, the hand is introduced into the cavity of the uterus, and its contents detached from the walls.

After the cord has been bandaged, and the child washed and dressed, it is laid back into the bed with the mother, and immediately allowed to go to the breast, which, in the opinion of this school, greatly diminishes the chances of a milk abscess.

Whatever may be the cause, there are certainly but few cases of this painful affection to be met with in the wards. In fact, out of 7,800 patients delivered in 1867, 14 only suffered from abscess of the breast.

A few hours after delivery the patients are carried, together with their children, into the next division of the clinic, where they remain until they leave the hospital, unless some sickness supervenes, when they are removed to the wards set apart for this purpose.

The child always lies in the bed with its mother, except in the case of twins, or when the mother is extremely weak, when it occupies a small crib, standing by the side of the bed. This arrangement, however, is not one of choice, but of economy, since it is really considered preferable that the child should occupy a separate bed, in order to escape any danger of being smothered by the mother rolling upon it. This is an accident, however, that seldom happens.

The women receive no baths either on entering or during their stay in the hospital, although all discharges are carefully washed off, as often as it becomes necessary.

Their diet, up to the time of delivery, is not restricted, but afterward the quantity and quality of it is regulated as follows:

Until the fourth day after delivery, some simple broth or soup.

4th day.—Milk gruel ($\frac{1}{2}$ portion), and a German roll (semel).

5th and 6th days.—Some farinaceous compound ($\frac{1}{2}$ portion), and two rolls.

7th day.—Minced meat of some kind ($\frac{1}{2}$ portion), and three rolls.

8th day.—Same as on the fifth day ($\frac{1}{2}$ portion), and three rolls.

9th day.—Beef for the first time.

On the ninth day the patients are discharged, when, if they desire, they can apply for admission to the Foundling Hospital.

Hydatids of the Liver.

Dr. EDWARD LONG FOX, F. R. D. P., physician to the Bristol Royal Infirmary, reports the following case in the *British Medical Journal*. At the end

of May, 1869, a girl, æt. 14, was brought as an out-patient to the Bristol Infirmary, and was admitted for a short time as an in-patient, and treated for some months afterward at home.

The mother gave the following account of her. In July, 1866, she had an attack of shingles; and whilst she was under treatment for this, an enlargement of the right side was observed by her medical attendant. No further notice, however, was taken of the swelling until Christmas, 1868, when it increased very much, interfered with respiration, and was sometimes the seat of acute pain. In March, 1869, she was admitted into the Westminster Hospital, under Dr. Fincham, and hydatids of the liver were diagnosed. She remained there for about six weeks, being measured several times a week, but taking no medicine. It is an interesting point of the case that, during her sojourn in the Westminster Hospital, she craved very much for pork, and was clandestinely supplied by her mother with pork and ham.

In May, 1869, her parents removed to Clifton, and thus she fell under my notice.

On admission, she presented the following appearance. She was a fairly nourished girl, short, but rather stout. The upper part of the abdomen and lower part of the thorax were occupied by a tumor, quite dull on percussion, smooth and slightly resilient, extending from the fourth rib on each side downward to the extent of seven inches, causing a considerable bulging of the right side, especially posteriorly. The tumor in front extended seventeen inches horizontally across the body. The right side of the thorax was about two inches and a half larger than the left. The heart was pushed somewhat upward, the apex beating about the fourth rib. Respiration was rather rapid, especially if she hurried, or walked upstairs, or lifted anything. Digestion was fair. The urine was healthy. She was now menstruating for the first time. The temperature was slightly raised, probably in consequence of slight peritonitis over the tumor. She liked to eat her meat almost raw. Her mother suffered from *tænia solium*, and did so for the first time when pregnant with this child.

She was under treatment about six months, and month by month gradually decreased in size, until at last no trace of the tumor could be detected, the diaphragm returning to its proper position. Her medicine all the way through was iodide of potassium, either alone or in combination with mild tonics. She came to see me a year afterward, in perfect health.

Besides her recovery, the interesting points in the case are: first, the position of the growth of the hydatid cyst, pushing up against the diaphragm and the ribs, instead of the more yielding walls of the abdomen; and secondly, that recovery took place

apparently by the death of the echinococci, from the absorption of iodide of potassium, as it is certain that they were not passed by the stomach, bowels, or bronchial tubes.

Had the patient been a male, the sex in which the diaphragm plays an important part in respiration, the difficulty in breathing would probably have been much more marked.

Frerichs, in advocating surgical measures in cases of this kind, remarks that certain medicines have been employed, which are thought to pass from the blood into the cyst, and to kill their inhabitants. Baumes believed that calomel was endowed with this property; Lænnec, common salt; and Hawkins, iodide of potassium, but as yet (he says) no case is known in which any such plan of treatment has succeeded.

No doubt, iodide of potassium is often given without success: but I claim this case as an example of absorption of this drug into the cyst. Of course, it may be said that this was an instance of the spontaneous death of the parasites, wholly unconnected with the medicines employed. We have in the Infirmary Museum a beautiful specimen of an hydatid cyst of the liver into which a bile-duct discharged itself, and caused the death of the parasite, and spontaneous cure. But when the disease has advanced as far as in the case before us, spontaneous shriveling up of the sac is, I believe, unknown. Nor is the other most usual form of cure more common in large hydatid tumors; viz: that in which the acephalocysts are destroyed by the secretion of a thick, putty-like material within the sac, a species of caseation.

The iodide of potassium has been used by physicians in this country for many years in these cases. Dr. George Budd mentions it in one of the earlier editions of his book on the liver, but not with any approval.

On the Pain of Ataxy and its Relief.

Dr. JULIUS ALTHAUS, Physician to the Infirmary for Epilepsy and Paralysis, says in the *British Medical Journal*:

There are few kinds of pain which equal, and none which surpass, in severity the pain which accompanies certain forms and stages of progressive locomotor ataxy. This pain is short, sharp, and sudden; there is an instant or two of indescribable agony, followed by twenty or thirty seconds, not of rest, but of a kind of drowsy stupor, out of which the patient is roused by another pang, similar to, or even worse than, the first. I have seen strong men, who could bear a great deal without flinching, scream under this infliction; and frequently their cries could be heard at a distance. The pain generally reaches its acme of severity on the third day

from the commencement of the attack, and remains of the same character until the eighth day, after which there is a kind of lull. The patient, although utterly wearied and exhausted by suffering and sleeplessness, is, as it were, able to breathe again, as the shocks become less frequent and less severe. Sometimes the pain is quite gone by the tenth day; at other times it goes on in a subdued and sullen manner until a month has passed since its commencement.

Most usually the seat of pain is in the feet and knees, rarely in the hips and back, and quite exceptionally in the upper extremities and the head. Neither swelling nor redness is perceptible during these attacks, which are often set down as being of suppressed gout. They occur, however, in persons who have no gouty habit at all, and do not yield to the remedies which prove most useful in the gouty diathesis. Indeed, the peculiar obstinacy with which the atactic pain defies purely medicinal treatment—even a bold use of hypodermic injections being generally futile—constitutes one of its chief characteristics. That the pain is really part and parcel of ataxy is proved by the concurrence of other symptoms, which the patient often omits to mention on giving an account of his case, but some of which can be invariably elicited by inquiry. Thus, we find that some time previously there has been transitory double vision, or other affections of cerebral nerves; that there are sexual debility, and weakness and unsteadiness in walking.

It appears probable that the paroxysmal pains of ataxy are owing to tetanic spasms of the muscular coats of the arteries, caused by irritation of the vaso-motor system of nerves. We have therefore to look for remedies chiefly amongst those agents which we know to possess a powerful influence on the sympathetic. Amongst these, the continuous galvanic current stands *facile princeps*; and I will now shortly relate a case in which it brought relief, which had for years obstinately resisted all other medication.

J. B., a merchant, æt. 35, married, came under my care in February, 1870. He had for the last six years suffered from periodical attacks of severe pain in some part of the lower extremities, principally the right foot and the left knee. Such an attack generally lasted from two to four weeks, after which the patient was free from it for two or three months, at the expiration of which time a fresh attack would come on. He had never had syphilis. Early in 1864 he suffered from double vision, owing to paralysis of the rectus externus of the right eye. This yielded to treatment in about six weeks, and since then his eyes had been weak, although not suffering from any definite disease. Soon afterward he noticed that his sexual power was diminished, and that he occasionally had nocturnal

emissions, which had not occurred during the previous period of his married life (four years). In August, 1864, he had the first attack of pain, which was treated with blue pill, opiates, belladonna, and quinine. It lasted about a month, and then vanished. A second attack came in December of the same year, and was treated with colchicum and alkalies. It lasted nearly the same time as the first. When he recovered from the second attack, he felt very weak on his legs, and he had never since then been quite steady, his gait being staggering chiefly in the dark. Attacks now occurred with considerable regularity every two or three months. Some of the later attacks were treated with hypodermic injections of morphia, but with little or no effect. It is true that for fifteen or twenty minutes after the injection the pain was generally not quite so severe as before, but it rapidly resumed its ordinary type. The patient had also tried a great many different kinds of baths; in fact, as he expressed himself, "everything except galvanism," when he came under my care.

He was in bed when I first saw him, racked with pain, which shot periodically through the right instep. I persuaded him, much against his will, to let me use the hypodermic syringe, and injected one-third of a grain of morphia with one-thirty-sixth part of a grain of atropia, near the internal malleolus. This had no further effect than to make him feel somewhat giddy, and to make the tongue very dry; but it did not relieve the pain at all. The patient being convinced of the uselessness of this proceeding in his case, at my next visit I used, at his urgent request, the continuous galvanic current. This was applied, not *loco dolenti*, but at the neck, to the course of the cervical sympathetic nerve.

After the first application the patient had about an hour's freedom from pain; after the second, a somewhat longer interval took place; and after the third, the severity of the suffering was considerably diminished. He had altogether ten applications in eight days, after which the pain was entirely relieved; while usually such an attack had lasted a month with him. I now put the patient on a course of nitrate of silver—almost the only medicine which he had not yet taken—for improving the other symptoms of ataxy; and he took this, in doses of from one-sixth to a half grain, for six weeks, with decidedly good effects. He continued quite free from pain for about six months, the next attack occurring in August, having been due in May or June. This attack was not near so violent as that in February, and yielded to galvanization of the sympathetic in the most satisfactory manner. Until now (April, 1871,) no further attack has taken place; and although it would be rash to assume that the patient will remain altogether free, yet life has in the meantime been rather an enjoyment to him

than a burden, and his prospects altogether appear decidedly favorable.

Amputations.

Dr. Sédillot, of Lyons, who, during the course of the recent French war, has observed over 1,500 cases of gun-shot wounds, and has himself performed fifteen amputations in a single day, has written a paper calling attention to the extensive mutilation of the parts caused by the projectiles of the present day. According to Dr. Sédillot, the best rule is to amputate on the second or third day after the infliction of the wound, before the period of inflammation has set in. In consequence of the extensive suppuration, caused by the projectiles now in use, the following rules are recommended to be observed: first, that the wound should be reduced to the smallest diameter; second, a free exit of pus should be favored; and third, a radical reform in the method of amputation should be adopted, to wit: that the extremity of the bone, instead of being enclosed in the flesh, should be left sticking out.

Reviews and Book Notices.

NOTES ON BOOKS.

NEW MEDICAL JOURNALS.—Three new medical journals are announced. Messrs. W. Wood & Co., New York, announce "New Remedies," a quarterly retrospect of therapeutics, pharmacy, and allied subjects, edited by Horatio C. Wood, jr., M. D. Messrs. W. Baldwin & Co., New York, announce "The Medical World," a monthly journal under the editorship of Reuben A. Vaner, M. D.; and "The American Journal of Diseases of the Nervous System," a quarterly, under the care of the same editor.

The *Virginia Clinical Record* is the title of a monthly issued at Richmond, Va. No editor's name is announced. We have received the second number. It gives promise of usefulness to the profession, the contents being varied and interesting, and from respectable sources. There has been no medical journal in Richmond since the removal of Dr. Gaillard's *Richmond Medical Journal* to Louisville, Ky. The price of the *Clinical Record* is \$1 a year. Too cheap—it cannot thrive, or exist, even, at that price.

The *National Medical Journal*, started in Washington as a quarterly by Dr. C. C. Cox, has been changed to a monthly, and is now under the editorial management of Drs. S. C. BUSEY and WILLIAM LEE.

The *New York Medical Journal* has changed editors. E. S. DUNSTER, M. D., has been succeeded by W. T. LUSK, M. D., and JAMES B. HUNTER, M. D.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 10, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

A MODERN MIRACLE.

The days when a miracle could deliberately be performed and pass unquestioned are past, and in our time no apparent sanctity will prevent the prying philosophers, with their sceptical eyes, from poking and probing and cross-questioning the author thereof. One such is exciting just now so much attention across the water, and has been connected with a name so high in medical science, that it will interest our readers to hear of it. They can form their own opinion after learning the facts, as recorded by Dr. Lefebvre, Professor of General Pathology and Therapeutics in the University of Louvain :

The following is an outline of the case. A peasant girl, born in January, 1850, subject to much hardship in early life, her diet having been *plus que frugal*, with little or no education, reading with difficulty and writing very little and badly, having been subject in various ways during her early life to severe strains upon her nervous system, at the age of eight took charge of a crippled old woman ; three years later, having received her first communion, she entered the service of a great aunt, aged 78 ; there, after devoting the day to household duties, she often passed part of the night by the bedside of her relative, who died two years afterward. During the cholera epidemic of 1866, being then only sixteen years of age, she nursed many of the victims without any aid, staying with them until they died, assisting to lay them in their coffins, and sometimes even to bury them. In the beginning of the year 1867, while supporting herself at home by her needlework, she lost her

appetite, became weak and pallid, suffered from severe neuralgic pains, and on several occasions spat blood. It is stated that "for an entire month she took little besides water and the medicines that were prescribed for her!" Soon after this she became the subject of an entirely new series of phenomena. Blood began to ooze through the skin of various parts of the body—first from the left side of the chest, then from the hands and feet, and lastly from the forehead. Thirteen weeks later, on the 17th July, she began to exhibit the phenomena of ecstasy. From that time until the date of the last report (April 15th, 1870) there has been, every Friday, a regular recurrence of the bleeding stigmata and the ecstatic trance during which, while insensible to all that is passing around her, she has, as she declares, a distinct vision of the whole scene of the Crucifixion. Suspecting the possibility of deception, Dr. Lefebvre placed a leather glove upon one hand, tying it and sealing it at the wrist, yet, when the glove was removed on the following Friday, the blood was there as before.

In explanation of this case, the two following similar ones have been brought forward by writers in the British medical periodicals of recent date :

The first case came under the care of Mr. Henry Lee, at St. George's Hospital. An unmarried seamstress, set. 16, was admitted into the hospital on the 22d April, 1868. On the outside of the right leg, about three inches above the ankle, was a discolored patch about three inches in length by one and a half inch in width. From this surface she said that every month for two years there had been a discharge of about a tablespoonful of blood. The patch was covered by minute red spots resembling flea-bites. Soon after her admission into the hospital fresh red spots and effusion of blood were seen at each succeeding visit. Mr. Lee then ordered a sheet of lead to be applied over the bleeding surface, and to be secured by a starch-bandage. On the next visit, when the dressings were removed, there were few spots and little blood, but the sheet of lead was found to be pierced with holes large enough to admit a needle. When asked how this had happened, she was silent, and she was discharged as a convicted impostor on the 13th May.

Dr. Thompson of Honduras writes :
"Some time since an English proprietor came

some distance to ask my advice for his overseer under the following circumstances: The overseer had been bitten a month previously by a jumping 'comagoff snake,' and had been attended by a native snake-doctor at the time of the injury. The overseer recovered from the immediate effects of the bite, although his life was in great danger. A week afterward he had not recovered from the prostration, and he then began "to sweat blood." His master stated that when he sneezed small spots of blood came out on his face, and that, on making a violent muscular effort with the arm, blood would ooze out on the portion of skin most stretched. The man had been perfectly well before the snake-bite. I prescribed cold baths and iron and strychnine in liberal doses internally. Under this treatment the man recovered in fourteen days."

Whether these are analogous cases, and whether Louise Lateau is an impostor, the victim of an obscure disease, or a palpable example of supernatural manifestation, each will decide as his enlightenment leads him. She certainly illustrates a condition worthy of attentive study.

Notes and Comments.

About Some "Universities."

A correspondent at the West asks concerning the status of the Philadelphia "University of Medicine and Surgery." We reply that so far as the regular profession of Medicine is concerned it has no status. It is a chartered institution—which, indeed, is saying very little—and so far as a charter may confer "regularity" it may claim that quality. We know not in what its claim to being a "University" consists, though by the following extract from the *Independent*, of New York, it will be seen that diplomas in "medicine and surgery" are not the only ones it deals in:

"The exposure of the American University of Philadelphia (not that of Pennsylvania) and of its bogus degrees scattered so lavishly in England and America, is attracting attention. A Baptist minister in England defends in the *English Independent* his degree of "Doctor of Music," saying that "it did not come from the University of Philadelphia, but the Philadelphia University of Medicine and Surgery—an institution of great reputation, and which has been called the Edinburgh University of the United States, because of its similar reputation." Moreover, the Baptist minister referred to adds that he "received the degree directly from W. Paine, Esq., A. M., M. D., Dean of the Faculty, and not from any London agency; also, that the degree is the result of merit and life study." This communi-

cation seems to have nearly satisfied our English contemporary, though still regarding a musical degree from a medical university as hardly congruous. It is enough for us to say that the importance of Mr. Paine's university has been greatly exaggerated, and we would not care to exhibit a musical degree or any other received from his hands."

"Manipulated" Cases.

A correspondent of unquestionable standing in a western city, writes us: "In the *American Journal of Medical Sciences* for April, Dr. ———, of this city, who is a homœopathic practitioner, has a long article on ovariectomy. Some of us out this way are uneducated enough to believe that some of his cases were manufactured, and the rest of them 'manipulated.'"

The Pennsylvania Hospital.

The staff of the Pennsylvania Hospital, as elected May 29, is constituted as follows:

Surgical Staff.—Drs. Addinell Hewson, William Hunt, Thomas G. Morton and Richard J. Lewis.

Medical Staff.—Drs. John F. Meigs, J. M. Duncanson, James Aitken Meigs and James H. Hutchinson.

Correspondence.

DOMESTIC.

The Contagion of Scarlatina.

EDS. MED. AND SURG. REPORTER:

I have seen so many assertions in your valuable journal that scarlatina is a non-contagious disease, and that the term "contagion" is used by ignorant people to account for what they know nothing about, that I deem it advisable to place a few facts before your readers, believing as I do that they are capable of judging for themselves whether the disease is contagious or not, as I deem it of no little consequence that the younger members of the profession, who may be readers of *THE MEDICAL AND SURGICAL REPORTER* should not be misled or deceived upon a question in which so much is involved as there is in this.

If the disease is non-contagious there is no necessity of upholding "quarantine or other measures for the purpose of preventing the spreading of the disease; at the same time, if it is an error to believe that scarlatina is a contagious disease, it is one made on the safe side, if the disease is contagious or infectious, the terms being synonymous. The physician who throws doubts upon it being such, or asserts positively that it is not so, may find, when it is too late to make reparations for the injury which he

has done, that there were those who had placed too much reliance upon his opinion, by having allowed those over whom they had control to come in contact with those who were sick with the disease, and in due time have sickened and died from it; while others, more cautious, and believing that it is contagious, have kept their children at home and escaped it.

But to the facts as proofs that it is a contagious disease:

A few years since a gentleman and lady, on their return from a visit to their friends in another part of the State, were obliged to call for a few moments at a private house on account of their son, who was a little more than a year old. In about ten days thereafter the little fellow was taken sick with fever. Residing in a malarious district, they supposed it to be an ague, until the "rash" made its appearance. They received many calls from friends with their little ones; among the rest, some living four miles distant, accompanied by two little children. In a short time those children, who visited the little invalid, and had not had the disease, came down with it. The children from the country had it also, but the people, believing it to be contagious, prevented the further spreading of the disease by not allowing children to visit them who had not had the disease with a single exception, where the parents stopped with a young child for a short time to make a call, as they were relations and lived some distance from them. They took the precaution not to allow the child to go into the room which was occupied by the sick. Notwithstanding this precaution, ten days thereafter the child sickened, and after a brief illness, died from it.

There were no cases aside from those who were exposed to it.

A strict "quarantine, or other measures," were adopted, as those residing near the families having it, were "ignorant" enough to believe that it was contagious.

There were eleven cases, all told, including the little boy who caught it at the house where his parents stopped with him, as before stated, there being, at the time they stopped, two sick with the disease in an adjoining room.

I say caught it; as, at present, this is the most comprehensive term I can use for it, even at the risk of being charged with "ignorance" for it.

Several cases occurred during the past month that are right to the point:

I was called to see Mary —, a daughter of Mr. S., on the 3d of April last, and there learned that a family—neighbor of their's—living about 100 rods distant, had had the scarlet fever, and from which one had died. Some four or five weeks thereafter they had sent this girl to that neighbor's upon an errand, and as she was about returning home this

neighbor gave her a shawl to wear, as the wind was rising and the air was cooler than when she came—the same one used about the little child which died from the disease. In ten days from that time she was taken sick, and it proved to be scarlatina. Within two weeks from the time she became sick five other members of the same family had the disease; all of the others having had it. No other cases have occurred in that neighborhood; all who were liable to have the disease had it, who were exposed to it, and none others.

On the 12th of April last I was called to the son of Mr. P., set. 4 years, living six miles out of town. I found it to be a case of scarlatina anginosa, and called it such, much to the surprise of the mother, as she said the boy had not been away from home in four weeks, and there had been no one there who could have given it to him. She admitted that a friend of their's had been there after having the disease, and while the skin was peeling off, but he could not give the disease. To all of which I demurred, as I had seen too many cases proving to the contrary, during the past twenty-five years and more, of professional life. It was the only case in that vicinity, as no one was allowed to visit him who would be liable to take it.

The same person, who visited this family with desquamation of the cuticle, called upon friends of his in an adjoining township, and scarlatina followed his visit. No measures having been taken to prevent the spreading of the disease it spread, and the physician living in that locality informs me that he has treated as many as fifty cases arising from and following that one.

With one question and we are done: If the above cases do not show scarlatina to be a contagious disease, what do they show?

W. L. WELLS, M. D.

Howell, Mich., May 18, 1871.

Have They Taken the Right Course?

EDS. MED. AND SURG. REPORTER:

Seeing an account of the transactions of the Missouri Medical Association, with reference to cheap medical schools, in REPORTER, No. 19, vol. XXIV, has prompted me to write this article, which, if you deem of sufficient importance, I shall be glad to see allowed a place in your excellent journal. Furthermore, being conscious that an attempt is being made to monopolize medical education in this country by men who evidently value "dollars and cents" vastly more than they would have us believe, has also induced me to submit this humble article for publication. There seems to be at the present day a class of medical men who perpetually delight in casting slurs and condemnations at

"cheap medical schools;" and, I am sorry to say, that even medical societies, claiming a great share of the intellect of the profession, indulge in the practice of blaming cheap medical schools for having done more than anything else to reduce the standard of medical education, an assumption which they do not attempt to prove for obvious reasons. Says the Missouri Medical Association in its preamble: "The grand struggle for existence between the numerous schools throughout the country has been degraded, in many instances, to one of mere dollars and cents, by lowering the charges, and that this unprofessional step is accomplishing more than anything else to lower the standard of our profession." We will admit that the standard of medical education is low enough, and too low, but we do not believe that cheap medical schools have done more—"more than anything else"—to accomplish it. The a majority of the members of the aforesaid association adopt a resolution to the effect that cheap medical schools shall not be admitted in their association, and indignantly close the door, refusing to admit "the unwashed." What will come next? I wonder whether they would allow a man who wears a silver watch to become a member; or would a gold one be indispensable? They do not seem to have thought that a man could have ability, and still be a graduate of a cheap medical school! Did it ever occur to them that a school could be a good one and still be reasonable in its charges? Yet it cannot be disputed, that there are cheap medical schools in this country whose advantages are equal to those of many high-priced schools; and it is equally true that there are some schools belonging to both classes, whose advantages are small. In defense of cheap medical schools, it may be said and proved that their Alumni will compare favorably with those of high-priced schools, and that many of them have distinguished themselves as teachers and practitioners of the greatest ability. Proof will be scarcely necessary, when we call attention to the well known fact that the greater number of our best and ablest teachers and practicing physicians are self-made men, and consequently were unable to attend high-priced schools.

Understand, I do not advocate the much abused practice of granting diplomas to unqualified persons by cheap medical, or by any other schools; but the doctrine that good schools are incompatible with reasonable charges is as false as a wooden nutmeg. Would it not be more commendable in medical associations to attempt to remedy the evil by endeavoring to have candidates for graduation—in all schools—subjected to a uniform and more thorough examination, than to do an act which would ultimately result in preventing many from entering upon the study of medicine? I contend that it is not the price of instruction, but the kind that de-

termines its value. Hence, when a school has established itself as to ability by securing able teachers, then let it resort to as low charges as it may see fit; the cheaper the better. I take the passage of such a resolution as was adopted by the Missouri Medical Association to be a gross insult upon the rights of many; and, furthermore, I cannot understand how they have lessened the struggle for dollars and cents by such proceeding. I do not fully accept the position taken by an intelligent physician with whom I was conversing the other day, when he said that medical schools were "a polite humbug," but I do believe them to be of secondary importance, and the knowledge acquired at them I believe to be but an item in comparison with that which the successful physician must possess in order to become so. In conclusion let me urge the members of medical associations not to be too ready to lend their aid in attempting to destroy those institutions whose instructions are within the reach of all; and many of whose Alumni are ornaments to the profession. If these few remarks should be the means of directing the attention of medical men to the merits, as well as to the deficiencies of cheap medical schools, they will have accomplished all that was intended.

C. J. KELLISON.

Branchfort, N. Y.

New Treatment of Uterine Hemorrhage.

EDS. MED. AND SURG. REPORTER:

I have, in the last fifteen months, been called upon to treat several cases of serious uterine hemorrhage, and have derived decided benefit from the use of a remedy to me novel, namely: the ordinary preparation of arsenic known as Fowler's solution.

On February 10th, 1870, I was called in haste to see Mrs. —, at 26 years, and now pregnant, who had been taken suddenly with profuse uterine hemorrhage. There had been no other premonitory symptoms than pain in the back for a few hours previous to attack. The flow was very abundant, with intervals of ten to fifteen minutes, each discharge being preceded by large clots that required some effort in their expulsion. I ordered $\frac{1}{2}$ gr. morphia, which was repeated in two hours, and in the time applied cold water over the hypogastric region and injected it into the vagina. At the end of four hours the patient complained of drowsiness, but was no better. I then ordered the following:

R.	Fld. ext. ergotæ,	3j.	
	Gallic acid,	grs. v.	M.
S.	Fiat solution.		

Teaspoonful every hour until contraction set up, when the hemorrhage diminished decidedly and the dose was reduced to 30 drops, to be given every three or four hours.

On calling next day I found the hemorrhage still going on, though not profusely as at first. I then ordered five drops of Fowler's solution, three times a day, to be increased by one drop each day until ten were reached; at the same time stopping all other medication. The second day afterward, on calling, I found my patient entirely relieved.

November 15th, 1870, was sent for to see the same patient, and found her having hemorrhage as before, but not so profusely. Her general health being as it was in the former instance, quite poor, I commenced immediately the use of Fowler's solution in five drop doses, to be increased as before; improvement began at once, and by the second day she was entirely relieved again.

Was called October 2, 1870, to Mrs. —, æt. 35 years; the mother of seven children, and two months advanced in her eighth pregnancy. Found her suffering from pain in back and side, with considerable hemorrhage from the womb, which had been brought on by a fall in getting over a fence. I was fearful that detachment of placenta had occurred, but ordered

R. Plumb. acetat,	℥j.	
Pulv. opii,	grs. vj.	
Div. in chart.,	vj.	M.

S.—One every half hour until asleep.

I called next day and found her free from pain; but the hemorrhage still continuing, I ordered flid. ext. ergot, a teaspoonful every hour until gentle contraction set up, when dose was diminished, as in first case. Having had decided benefit, though not perfect relief in the use of the ergot in the first case, I was thus prompted to give it a fair trial in this one. The result was similar to that in the first instance. I therefore stopped its use and gave Fowler's solution as before, and on returning according to promise the third day after, found all hemorrhage had ceased. From that time the patient went on to full term and was delivered of a fine, healthy child.

January 20th, 1871, was called to Mrs. —, æt. 30 years and 3½ months advanced in pregnancy. She had once or twice previously to present attack aborted about the end of the 4th month. On entering the room I found her very much prostrated from uterine hemorrhage. She had called two other physicians, who had used everything that is generally used in such cases, without any decided effect; at least without permanent relief. This lady insisted that I should take it from her, using her own words, because she had never gone to full term, when she had such attacks. Being anxious to test the arsenic before proceeding to such measure, I put her upon Fowler's solution, grt. v., and increased as before. Before I saw the case she had been flooding almost constantly for two weeks, not however profusely.

I enjoined, also, strict rest in the recumbent attitude, and complete ventilation of the room. She complained of itching and burning within the vagina, for which I gave her injection of half drachm of chlorate of potash to the ounce of cold water, which acted very happily; and on calling the next day I found her entirely free from hemorrhage, which cessation was permanent. How the arsenic acts I do not pretend to say. I was first prompted to its use by the necessity of a tonic, in case first, above mentioned; and it is in cases of protracted hemorrhage, with debility and amenia, that I would especially recommend its use. JAS. T. OWEN.

Claverport, Kentucky.

NEWS AND MISCELLANY.

A Curious Mistake.

Considerable excitement has been produced in Paris by the discovery in the Convent of Picpus of "mattresses furnished with straps and buckles, also two iron corsets, an iron skull-cap, and a species of rack turned by a cog-wheel, evidently intended for bending back the body with force. The Superior explained" (says the writer of this account) "that these were orthopædic instruments—a superficial falsehood. The mattresses and straps struck me as being easily accounted for; I have seen such things used in French midwifery, and in cases of violent delirium; but the rack and its adjuncts are justly objects of grave suspicion, for they imply a use of brutal force which no disease at present known would justify." To persons at all acquainted with the appliances belonging to old-fashioned orthopædy, all this will seem very absurd. The steel corset, the iron skull-cap, and the species of rack turned by a cog-wheel, are beyond doubt instruments for the treatment of torticollis and of spinal curvature. The best known orthopædic mechanist of England writes to the *British Medical Journal*: "I have not the slightest doubt in the world that the nuns spoke with perfect truth in describing what were supposed to be instruments of torture as orthopædic appliances. To prejudiced eyes, prepared to discover everything horrible, it is easy enough to understand the error into which the observers may have been led; and, although it is by no means complimentary to my special calling, they are not the only people in the world who call orthopædic apparatus instruments of torture. I, as you doubtless know, have for some time attended the convent establishments of London when their inmates needed mechanical aid, and should not be surprised if the appliances which I hold in such esteem should some day be similarly described as those in France. The good people who are raising the present outcry have lighted upon a mare's nest."

No Life Without Phosphorus.

Dr. Franklin has been making some experiments upon the development of fungus growth in potable water; and, as a result of his labors, arrives at the following conclusions:

"1. Potable waters mixed with sewage, urine, albumen and certain other matters, or brought into contact with animal charcoal, subsequently develop fungoid growths and other organisms, when small quantities of sugar are dissolved in them and they are exposed to a summer temperature.

"2. The germs of these organisms are present in the atmosphere, and every water contains them after momentary contact with the air.

"3. The development of these germs cannot take place without the presence of phosphoric acid, or a phosphate, or phosphorus in some form of combination. Water, however much contaminated, if free from phosphorous, does not produce them. A German philosopher has said, 'without phosphorus, no thought,' which may now be changed to 'without phosphorus, no life.'"

Patent Medicines.

A patent medicine vender told Mrs. J. John Crowner, of Loyalsock twp., Lycoming county, in this State, that ten drops of his "Golden Tincture" would cure her child. She administered one dose, and the child, it is hoped, is now wearing a crown over on the golden shore. The officers of the law are looking after the peddler, whose sovereign remedy consisted entirely of chloroform and ether.

A New York firm has been manufacturing bitters which they claimed contained neither alcohol nor wine, and to which they, therefore, affixed only a four cent stamp. It being suspected that the Government had been swindled, a sample of the "bitters" has been analyzed by order of the Internal Revenue Bureau, and found to contain ten and nine-tenths per cent. of alcohol, and nineteen per cent. of sherry wine. The mixture is, therefore, liable to a tax of \$6 on each dozen quart bottles.

QUERIES AND REPLIES.

Involuntary Masturbation.

INQUIRY.—J. B. commenced the practice of masturbation when about 7 years old, and continued it until he was 14 when he found out its ruinous effects and at once abandoned the habit. The difficulty at present is that about twice a week he has seminal discharges, which always take place during sleep, the patient only awaking at the moment of emission. The hand is always used unconsciously, to excite the organs concerned. He has resorted to several expedients to avoid this, such as tying the hand to the bed-post, wearing a mitten, etc., but so far without avail. I have used iron, strychnia, bromide of potassium, cold water, etc., but have failed to help him. There is very little, if any tenderness, over the prostate gland; he has no ailment of any kind, except occasional attacks of rheumatic fever; is 22 years old and unmarried. Will you or some of your numerous correspondents suggest something in the way of treatment at once?

REPLY.—We suggest the use of bromide of iron, grs. v. i. d. and grs. x. or xv., at bed-time, with cold spongings, etc.

OBITUARY.

N. D. BENEDICT, M. D.

Died, at St. Augustine, Florida, April 26, Dr. NATHAN D. BENEDICT, aged 66 years. Dr. Benedict was well known in Philadelphia, where he formerly practiced medicine, and was for some time superintending physician of the Philadelphia Almshouse, from which post he was called to a similar position in the New York State Lunatic Asylum at Utica. Falling in health, he was obliged to go South, where he resided for about nineteen years, devoting special attention to cases of pulmonary disease, like his own, and establishing warm friendships for himself all over this country by his kind attentions and cordial, pleasing manner. He was a man of good judgment, high integrity, and strong Christian faith.

MARRIED.

* ANGEL-BIGELOW—On the 25th ult., at the Presbyterian Church, Morrisania, N. Y., by the Rev. Arthur Potts, Addie, daughter of the late Dr. L. B. Bigelow, of Auburn, and James R. Angel, of Morrisania.

DUNLAR-BACON—On the 17th ult., at the residence of Joseph M. Price, Camden, N. J., by the Rev. Henry Reeve, Dr. Charles W. Dunlap and Miss Fannie E. Bacon.

EWING-LACEY—In Cliftondale, Mass., May 10, by Rev. Joshua Gill, William A. Ewing, M. D., of New York city, and Miss Emily M. Lacey, of Cliftondale.

GILLETTE-CURTENIUS—June 1st, at the First Baptist Church, Peoria, Ill., by Rev. A. D. Gillette, D. D., and A. Kingsbury D. D., Walter R. Gillette, M. D., of New York, and Miss Annie Curtenius, of Peoria.

HUNT-CARSON—May 25th, by the Rev. George Robinson, of Lancaster, Pa., Charles O. Hunt, M. D., of Portland, Maine, and Miss Cornelia Carson, daughter of the late Robert Carson, of Lancaster.

PATTERSON-MOORE—By Rev. J. M. Mealy, May 18th, J. Patterson, M. D., of Dunlap, Iowa, and Miss Anna M. Moore, daughter of Hon. A. F. Moore, New Wilmington, Pa.

POOLEY-WILBUR—At the residence of the bride's father, Syracuse, N. Y., June 1st, by the Rev. Dr. H. N. Pohlman, Dr. Thomas R. Pooley of New York and Annie, eldest daughter of Dr. H. B. Wilbur. English papers please copy.

SUTTERLEY-LOOK—In this city, on the 1st ult., by the Rev. William H. Jeffreys, C. W. Sutterley, Esq., of Camden, N. J., and Miss M. J. Look, daughter of the late Dr. A. Look, of Carversville, Va.

ZEITLER-GREEN—May 27th, by Rev. William Cathcart, Augustus E. Zeitler, M. D., and Miss Elizabeth Souder Green, both of this city.

DIED.

CARROLL—In Cincinnati, of pneumonia, May 19, 1871 Ann Lynch Carroll, widow of Dr. Thos. Carroll, in the 73d year of her age.

CORSON—In Trenton, N. J., May 28th, Thomas Johnson, son of Dr. Thomas J. and Mary K. Corson, aged 18 months and 27 days.

HOOKER—In Algiers, La., May 24, 1871, Edward W. Hooker, M. D., a native of Castine, Me., aged 61 years, a resident of New Orleans for twenty-five years.

MILLER—Dr. Miller, 60 years of age, of Rockingham co., Va., was killed by lightning June 2, while holding a hatchet in his hand.

MUSTIN—In this city, 31st ult., J. Barton Mustin, M. D., son of John and Mary Mustin, aged 26 years.

Dr. Mustin's death was occasioned by a wound received while making a post-mortem examination. A brother died but a few days previously, of pneumonia.

PARVIN—On the 3d inst., at the Pennsylvania Hospital, Charles E. Parvin, M. D., son of the late Rev. Robert J. Parvin, aged 21 years.

Dr. Parvin's death resulted from a cause as singular as it was distressing. In performing amputation upon the finger of a patient the knife slipped, making a slight incision in his thumb, and taking cold in it, pleurisy set in with fatal result.

SHEPHERD—At New Vienna, O., May 13th, Dr. Wm. A. Shepherd, in the 57th year of his age.

STAYMAN—At Tyrone, Pa., May 8th, Dr. A. F. Stayman, of Carlisle.

WILKINS—On the 12th of May, at Tiskawa, Ill., Minnie, only daughter of Dr. John L. and Mary J. Wilkins, in the 10th year of her age.

WILLIAMS—May 23, at Montmorency Park, Alken S. C. Francke Williams, M. D., recently of West Haven, Conn., son of the late Rev. Samuel P. Williams, of Newburyport, Mass.

WILSON—At Newark, O., June 1, Sabra, wife of Dr. John N. Wilson, of Newark, and daughter of the late Isaac Newton, of Greenfield, Mass.